DEPARTMENT OF PEDIATRICS
College of Medicine - Philippine General Hospital
University of the Philippines Manila

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VISION-MISSION STATEMENT

We are an outstanding department, individually and collectively sustaining the growth of a community of highly competent, dedicated, God-loving and compassionate pediatricians, trainees, and support staff.

Guided by the standards and thrusts of excellence established by the University of the Philippines Manila, UP College of Medicine and Philippine General Hospital, we are committed to:

- Pursue learner-centered programs that are community-oriented, nationally-relevant and globally-recognized, through:
  - the trailblazing of dynamic undergraduate and postgraduate curricula that will equip trainees with knowledge, skills, and values in general and subspecialty Pediatrics
  - pioneering and innovative researches that are of local and international significance

- Provide quality child health care services that are comprehensive, people-empowered and accessible, especially the underserved, by way of:
  - creation of a synergy of human / physical resources and appropriate technology that will deliver the best pediatric care to the greatest number of recipients
  - increase in inter-disciplinary and inter-agency linkages that will generate diverse opinions to help arrive at sound decisions and provide/ increase access to necessary diagnostic & therapeutic facilities

- Work together in a caring environment that fosters personal and professional growth, best achieved by:
  - evolution of a culture unique to the department that will allow the fullest yet very flexible expression of one's potentials amid a structured timetable of academic and extracurricular activities
  - upgrading of the infrastructure for teaching and learning, institution of further incentive mechanisms for faculty and non-academic personnel, systematization of human resource management strategies for residency and post-residency graduates, and scientific and social interactions with alumni here and abroad

- Prepare each department member for the bigger and more challenging role of becoming a multi-talented leader in the community, in the country, and in the world

ALL FOR THE BENEFIT OF THE FILIPINO CHILD.
OBJECTIVES

The three-year residency training program of the Department of Pediatrics aims to train skillful specialists who can serve the community as leaders, teachers, and researchers. Accredited by the Philippine Pediatric Society, the program is considered one of the major training strategies of the department.

a. Goals of the Department:

1) Provide a comprehensive training program for residents in the field of Pediatrics towards:

- delivery of adequate and competent general medical care based on skill and know-how;
- pursuance of specialized training for service and education;
- relevant research activities; and
- acquisition of proper medical ethics for appropriate behavior as part of the medical team.

2) Contribute to the upliftment of pediatric practice throughout the placement of its competent graduates all over the Philippines.

b. Goals of the Trainees:

General Objectives: At the end of the comprehensive training program, the resident is able to display:

1) mastery of cognitive, psychomotor and affective competencies in the field of Pediatrics as a specialty, taking into consideration the health needs of the nation;
2) managerial capabilities in the delivery of pediatric health care;
3) a lifetime attitude of scientific inquiry;
4) a sense of responsibility towards the community as a leader, and to the institution as a teacher and researcher; and
5) lifelong habits and attitudes of a holistic pediatrician.

Specific Objectives:

1) At the end of the first year of training, the resident is able to:

- Display proficiency in history-taking and in the performance of physical and neurologic examination;
- Be knowledgeable about the following pediatric concepts:
  a. normal and abnormal patterns of growth and development (0-3 years);
  b. preventive pediatrics and its significance in a developing country.
c. importance of nutrition for the Filipino child in line with the national health goals

- Be proficient in the correlation and interpretation of data as gathered from the history and physical examination;
- To be familiar with all aspects of preventive pediatrics and their significance in a developing country;
- To be cognizant of the importance of the family and community in Pediatrics;
- To be heedful of the importance of nutrition for the Filipino child in line with the national health goals;
- Prioritize the management of common problems in general pediatrics requiring primary and secondary care with skill and accuracy;
- Perform specific procedures with skill, confidence and a thorough knowledge of their indications, contraindications, complications, and necessary precautions;
- Manage pediatric emergencies promptly and accurately
- Display initiative and resourcefulness in the care of all patients
- Orally present an interesting case report that is also publication-worthy
- Show mastery in the following research skills:
  a. Formulating a relevant research question
  b. Conducting a literature search
  c. Critically appraising literature

2) At the end of the second year of training, the resident is able to:
   1. Perform the following skills on patients needing secondary and tertiary levels of care:
      a. Recognition of such patients
      b. Stabilization of current condition
      c. Referral to appropriate subspecialty/department
      d. Assistance in the management of immediate problems
   2. Demonstrate managerial capabilities in handling a problem...
   3. Supervise junior residents, interns and clinical clerks with skill and confidence...
   4. Conduct a research activity, specifically the writing of a prospective or retrospective study protocol

3) At the end of the third year of training, the resident is able to:
   1. Manage uncommon and problematic pediatric cases.
   2. Show proficiency in the practice of ambulatory pediatrics
   3. Complete at least one prospective or retrospective research study for purposes of oral/poster presentation and publication
# SUMMARY OF ROTATIONS OF RESIDENTS

(Philippine Pediatric Society)

## FIRST YEAR
- General Pediatrics: 5 months
- Subspecialties: 2 months
- Nursery/NICU: 2 months
- OPD: 2 months
- Pay Patient Services: 1 month

## SECOND YEAR
- General Pediatrics: 3 months
- Subspecialties: 3 months
- ER: 2 months
- Nursery/NICU: 2 months
- PICU: 2 months

## THIRD YEAR
- Subspecialties/Electives: 3 months
- General Pediatrics: 3 months
- ER: 2 months
- Nursery/NICU: 2 months
- Community: 1 month
- Pay Patient Services: 1 month

## ROTATIONS

Residents rotate in the following areas during their training:

- General Pediatrics Services
- Subspecialty services
  - Adolescent
  - Allergy
  - Cardiology
  - Child Protection Unit
- Community Pediatrics
- Developmental Pediatrics
- Endocrinology and Metabolism
- Gastroenterology and Nutrition
- General Outpatient Clinic
- Genetics
- Hematology-Oncology
DUTIES AND RESPONSIBILITIES

All residents should follow the rules and regulations of the UP Manila System and the Philippine General Hospital.

All residents, regardless of rotation, should:

a. Validate their time cards at the Department Office as soon as they come in. In addition, residents assigned to the Pay Ward, Nursery, General Outpatient Clinic, and the PER are required to sign in the attendance logbooks in their respective areas. Official times for reporting for work or duty are as follows:

General Pediatrics Wards/Pay Ward/Nursery/PICU/Subspecialty Services:
- Weekdays: 7:00 am to 4:30 pm
- Weekends & Holidays: 8:00 am to 12:00 pm
- Duties on Weekdays: 4:30 pm to the official time-in of the following day
- Duties on Weekends & Holidays: 12:00 pm to the official time-in of the following day

General Outpatient Clinic:
- Triage Officer and “Early Bird”: 7:00 am to 4:30 pm
- Other residents *: 7:00 am to 4:30 pm

* Other residents are required to attend the morning conference up to 9:00 am.

Pediatric Admitting Section/Pediatric Emergency Room
- Weekdays: 7:00 am to 4:00 pm
- Weekends & Holidays: 7:00 am to 12:00 pm
- Duties: 7:00 am to 7:00 am the following day

Duty of the PER Triage Officer/ER back-up/POD back-up
- Weekdays: 6:00 pm to 4:00 am
- Weekends & Holidays: 2:00 pm to 4:00 am
b. Attend/participate in the following department conferences and lectures:
   1) Staff Conferences
   2) Monthly Grand Audit
   3) Service Audits of the present rotation
   4) PER Mortality & Morbidity Reviews
   5) Endorsement Conferences
   6) Interesting Case Conferences and Multidisciplinary Conferences
   7) House Staff Teaching Hours
   8) Inter-Departmental Conferences and Special Lectures
   9) Other conferences of the UP College of Medicine and the Philippine General Hospital, e.g. Clinico-Pathologic Conferences (CPC)

   The following may be excused from attending department conferences provided that their whereabouts are indicated on the attendance logbooks before the conference starts:

   a. PER, Pay Ward, NICU, and PICU duty teams
   b. NXI catcher
   c. First Year Residents on duty at the Wards (one for each ward)
   d. OPD "Early Bird" Resident
   e. Residents attending to critically ill, unstable patients or accompanying patients during procedures (whether charity or pay)
   f. Residents doing intra-operative monitoring
   g. Residents assigned to the blood bank
   h. Community Pediatrics residents
   i. Residents on leave

   In addition, residents rotating at the PER, Pay Ward, NICU, NXI, and PICU are not required to attend endorsement conferences.

c. Attend their respective continuity clinics; exceptions are PER duty residents, NXI catchers, residents rotating at the PICU, and residents on leave.

d. Read on their cases.

e. Present their cases with confidence and conciseness during their particular service's rounds and conferences (emphasis is given to differential diagnoses and the bases for diagnosis and management of the patients).

f. Adhere to the objectives, responsibilities, schedules, and activities set by the services they are rotating in. This includes preparing for reports, the Endorsement Conferences, service audits, etc.

Penalties for failure to comply with the above and all other wrongdoings not otherwise mentioned in this section fall upon the discretion of (in order):
i. service senior resident or fellow
ii. Asst. Chair for Academics and Training
iii. Chair
iv. Faculty Body
g. Adhere to the schedule of rotations and duties as set by the Residency Training Committee and the Chief Resident. No internal arrangements are allowed without their prior approval. Requests for Leaves of Absence are to be addressed to the Chair of the Residency Training Committee through the Chief Resident.

h. Submit their evaluation sheets to their respective consultants three (3) weeks into the rotation. Collect the same and submit them to the Chief Resident not later than one week after the said rotation.

i. Pass all his rotations (see under the section on “Evaluation”).

j. Complete their notes and all other paperwork relevant to his patient or to the service

k. Pass the quarterly exams administered by the Chief Resident.

l. Conduct themselves in a manner befitting a doctor and commanding respect by both patients and colleagues at all times. This includes but is not limited to:
   i. dressing appropriately and neatly (wearing of jeans, T-shirts, sandals, garish make-up, hair-dos, heavy jewelry, and “sexy” or provocative clothes is not allowed; rubber shoes are allowed only during duties);
   ii. wearing his ID and blazer (a scrub suit or the uniform used during internship are also allowed during duties);
   iii. being on time for and attentive during service or endorsement rounds, even when other residents’ patients are being discussed;
   iv. not hitching their legs or feet on the patient’s bed or writing in the chart on the patient’s bed; (each service should be allotted a cart where the resident can write on during rounds)
   v. not eating, laughing boisterously, or otherwise making the patient or relatives ill-at-ease during rounds or at bedside;
   vi. refraining from using their cellular phone at bedside, unless it is an emergency;
   vii. using only one language during rounds;
   viii. presenting a complete but pertinent picture of their patients in a systematic, clear, and concise manner without looking at the chart and with only an occasional reference (if needed) to their own notes or cue cards;
   ix. speaking with confidence but also with deference to the presence of the patient and/ or relatives at bedside;
   x. conducting ongoing resuscitation; and,
   xi. being compassionate and well-mannered towards their patients at all times.
FIRST YEAR RESIDENTS

1. In general, the first year residents rotating in the General Pediatrics Service and the Subspecialty Services should:
   a. Make complete clinical histories and physical exams on their admitted patients and place these in the charts within 24 hours of admission; for critical patients, the abstracts should be placed in the charts within 12 hours of admission.
   b. Make incoming notes on patients carried over from the previous service or as resident-in-charge.
   c. Make daily progress notes for critical patients and at least once every three (3) days for stable patients.
   d. Complete transfer notes, outgoing notes, and discharge summaries.
   e. Perform physical examinations on their patients at least twice daily.
   f. Properly endorse their patients for monitoring to the service on duty before leaving the hospital.
   g. Check all monitoring sheets and ensure that patients are regularly monitored and abnormal vital signs are reported.
   h. Follow-up laboratory exam results promptly.
   i. See to it that the patients' charts are complete, neat, and properly arranged.
   j. Be responsible for all patients admitted under their care and should share the responsibility for the other patients of the service.
   k. Complete orders for their patients before the morning conference.
   l. Perform procedures with the background knowledge needed to do so safely and effectively.
   m. Teach interns and clerks rotating in the service, especially in the absence of the senior resident.
   n. Check the notes of the students in their service; and supervise them in the performance of procedures.
   o. Explain the nature of the patient's illness to the relatives well, including prognosis and long-term plans.
   p. Ensure proper and timely documentation of all proceedings, orders, and plans pertaining to their patient.
   q. Proceed to the Pediatric Emergency Room with the Service Senior Resident/Fellow and at least one student of the service to examine patients for admission.
   r. Instruct the relatives well on the proper care of their patients prior to discharge.
   s. Encourage and facilitate arrangements for autopsies.

2. In addition, the first-year residents rotating in the General Pediatrics Service should also:
   a. Observe proper protocol when referring to subspecialties as needed by his patients.

3. In addition, the first-year residents rotating in the Subspecialty Service should also:
   a. Answer referrals from other services and departments of the hospital promptly.
   b. Inform the Service Fellows immediately of all referrals from the PER and emergency referrals from other services and departments of the hospital; and
within 12 hours for stable patients.
c. Go on rounds daily on all referred patients, including beds borrowed by other subspecialty services.
d. Inform the residents of the referring service the bases for the subspecialty’s assessment and suggestions on management, and encourage questions from the service.
e. Help in the over-all management of the patient.
f. At the subspecialty clinic, the first-year resident should make complete clinical histories on new patients and relevant notes on old patients, perform complete physical exams on all patients seen, and plan their management.
g. Refer patients with problematic courses or diagnoses to the Service Fellow/Consultant.
h. Submit the subspecialty’s statistical data to the Assistant Chief Resident for Services, and the senior fellow of the service at the end of the month.

4. As Ward Admitting Pediatrician-on-Duty (WAPOD), the first-year residents should:
   a. Attend the endorsement rounds conducted by the senior Pediatrician-on-Duty promptly at 4:00 pm on weekdays and 12:00 pm on weekends and holidays.
b. Share the responsibility for all patients in the ward in general, and for endorsed patients in particular.
c. Make rounds on all patients at least once during the tour of duty to ensure that they are monitored regularly and that no abnormal findings are missed.
d. Teach and conduct rounds with the interns/clerks on duty; and supervise them in the monitoring of patients and performance of procedures.
e. Ensure that patients are being monitored and procedures are done without delay.
f. Attend to all patients referred to them, and inform/update the senior Pediatrician-on-Duty of problems, laboratory results, and management done.
g. Proceed to the Pediatric Emergency Room with the senior Pediatrician-on-Duty and at least one student on duty to examine patients for admission.
h. Make admitting orders and WAPOD notes for all patients admitted to the ward during their tour of duty.
i. Make transfer notes for patients to be admitted to PICU during the tour of duty (if the decision to admit to PICU was done during the tour of duty) or add to the notes of the resident-in-charge prior to transfer.
j. Check all clinical abstracts of patients for transfer or autopsy.
k. Encourage and facilitate arrangements for autopsies (for mortalities that occurred during the tour of duty).
l. Endorse newly admitted patients to the receiving service.
m. Update the services on the status of their endorsed patients.
n. Present or supervise the preparation of the students for the presentation of the ward census, status of endorsed patients, and admissions during the Endorsement Conferences.
5. At the General Pediatrics Clinic, the first year resident should:
   a. Check the attendance and punctuality of the students assigned to the Clinic.
   b. Prioritize follow-up cases, and make complete clinical histories and physical exams on all patients seen, with plans for management.
   c. Refer patients with problematic courses or diagnoses to the Continuity Team Captain, Senior Resident, Ambulatory Pediatrics Fellow, or Consultant-of-the-Day.
   d. As the “Early Bird” resident, should attend to patients who arrive early.
   e. Check that charts are complete and properly filled-up.
   f. Check and countersign the notes of students on patients charted.
   g. Perform immunizations with the background knowledge needed to do such; and supervise students in the performance of immunizations.
   h. Emphasize to and teach the patients’ families proper nutrition and the prevention of common diseases.
   i. Work with the other members of the Continuity Team towards the disposition of patients, education of students in the clinic, and completion of statistical data relevant to the clinic.

6. At the Pay Ward (please also refer to the PAY PATIENT SERVICES GUIDELINES), the first year resident should:
   a. Share the responsibility for all patients in the Pediatrics Pay Ward together with the consultants-in-charge.
   b. Answer referrals from the Pediatric Emergency Room and attend to the referred patients.
   c. Explain hospital policies regarding Pay Ward admissions discreetly and tactfully.
   d. Coordinate constantly with the Senior Pediatrician-on-Duty at the Pediatric Emergency Room, especially in cases wherein he cannot personally attend to the patient.
   e. Make complete clinical histories and physical exams on all patients, and place these in the charts within 24 hours of admission; for critically-ill patients, the abstracts should be placed in the charts within 12 hours of admission.
   f. Make daily progress notes for critical patients and at least once every three (3) days for stable patients.
   g. Make transfer notes when needed.
   h. Inform consultants promptly of admissions. In cases wherein the consultant cannot be reached immediately, the first year resident should order and carry the initial plan of management for the patient, exercising prudence and good judgment.
   i. Examine and check on ALL the patients, at least twice daily for stable patients, and as often as possible for critical patients.
   j. Check all charts for new orders and monitoring sheets for new developments; should ensure that orders are promptly carried out.
   k. Go on rounds with the consultant-in-charge and participate actively in the discussion on the patient’s management.
   l. Perform procedures that the medical technologists are otherwise unable to do, especially on children below one year of age, with the background knowledge needed to do so safely and effectively.
m. Follow-up laboratory exam results promptly, and inform consultants of these results as soon as they are available.

n. Update the consultants on the status of their patients in the morning, at the end of the duty, and as frequently as needed for critical patients. The first-year resident should not rely on text messages and should talk to the consultant concerned personally whenever possible, especially with regard to new developments, abnormal laboratory exam results, and critical patients.

o. Inform the subspecialty fellows of admissions and the progress of the patients of their subspecialty service consultants; they should not rely on the fellows for the management of these patients but should instead coordinate closely with the consultants.

p. Fill out and complete the Pay Service logbook and monthly census report (for submission to the Assistant Chief Resident for Services at the end of the month).

For their Staff Conferences, the first-year residents should:

a. Select an interesting case, preferably one that they have managed themselves, and have the topic approved by the Residency Training Committee at least two (2) months before the scheduled conference.

b. Once approved, should invite their chosen resource persons and moderator from the department faculty preferably two (2) months before and at least one (1) month before the scheduled conference. Resource persons from other institutions may be invited only when the concerned subspecialty consultants will not be available for the conference and upon the approval of the Chair of the Residency Training Committee.

c. Research on their cases.

d. Prepare the clinical abstract/protocol (which includes a brief summary of the patient’s course in the wards and laboratory exams) and have this checked by the Chief Resident and speaker/moderator preferably one (1) month before and at least two (2) weeks before the scheduled conference, and should revise it as necessary.

e. Prepare their presentations and visual aids, emphasizing differential diagnoses and how the diagnosis was arrived at; always correlating their patient’s course with theoretical knowledge. A critically-appraised journal should be included in the presentation.

f. Coordinate with their resources speakers regarding areas to be covered (to avoid overlap) and time limits; they may submit a copy of their presentations to their resource speakers for input and comments.

g. Memorize their presentations and ensure that they adhere to the set time limit of 20-25 minutes, and edit as necessary.

h. Submit the abstract/protocol to the department secretary at least one (1) week before the scheduled conference for reproduction.

i. Remind their resource speakers and moderator of the conference two (2) weeks, one (1) week, and one (1) day before the conference.

j. Present the case during their scheduled Staff Conference; and ensure that the resource speakers’ discussions are documented.
k. Write a comprehensive case report (that already incorporates the resource speakers' discussions) according to the format set by the Coordinator for Scientific Publications and Exchanges, and have their resource speaker/s check it for revision as necessary.
l. Submit the report, with their resource speaker/s as co-author/s, at most one (1) month after their Staff Conference.

* During the second half of the year, first year residents may be assigned to the Pediatric Emergency Room and the Nursery as catchers with the same responsibilities as those of a second year resident.

SECOND YEAR RESIDENTS

1. At the Pediatric Emergency Room (please also refer to the PER POLICIES AND GUIDELINES) as the Admitting Pediatrician-on-Duty (APOD), the second-year residents should:
a. Check the attendance and punctuality of the interns on duty promptly at 7:00 am
b. Attend the endorsement rounds conducted by the Senior Pediatrician-on-Duty promptly at 7:00 am
c. Attend to and manage the patients of their own service (if any have been left behind from previous duties) and new patients who will be coming in that day during their assigned time as Admitting Pediatricians-on-Duty (APOD).
d. Assume responsibility for the patients of their “buddy” resident in the Pre- and Post-Duty Services (if any) after office hours.
e. Be responsible for all patients endorsed to and decked to them; and should share the responsibility for the other patients at the Pediatric Emergency Room.
f. Make APOD notes on newly admitted patients and the endorsed patients with an eventful stay during their duty.
g. Make clinical abstracts on all their new patients; as well as admitting or transfer notes as the case may be.
h. Check the accuracy of the interns’ clinical history and physical examination.
i. Perform physical examinations on all their patients; and regularly monitor and reassess their patients to hasten disposition.
j. Perform procedures with the background knowledge needed to do so safely and effectively.
k. Follow-up laboratory exam results promptly.
l. Facilitate the admission, transfer, or discharge of all patients assigned to them.
m. Properly endorse patients with complete notes and admitting orders to the receiving service at the wards.
n. Perform any necessary procedures on all patients assigned to them.
o. Properly endorse their patients to the incoming team on duty.
p. Accomplish the necessary forms and logbooks for statistical purposes.
q. Present the statistics, mortalities, and interesting cases during the PER Mortality and Morbidity Conferences.
2. At the Pediatric Emergency Room (please also refer to the PER POLICIES AND GUIDELINES) as a member of the Pre-Duty Service, the second-year residents should:
   a. Attend to and manage their own patients (if any have been left behind from previous duties) and patients of their "buddy" residents from the post-duty team during office hours.
   b. Actively help the Service-on-Duty with procedures, paperwork, monitoring, facilitation of transfers and discharges as ordered, as well as other technical jobs. This will free the Service-on-Duty to facilitate its admissions and assess its new patients.
   c. Properly and completely endorse all their service patients to be left in the care of the duty team at 4:00 pm.
   d. During office hours, to act as the Triage Officer on a rotation basis. (see below)

3. As the PER Triage Officer, the second-year residents should:
   a. Provide disposition (whether to be admitted, sent home, transferred to another service, or to be brought to the OPD the following day) for ALL patients who seek consult at the Pediatric Emergency Room.
   b. Refer problematic cases to the PER Senior-on-Duty as needed.
   c. Refer potential surgery cases to the Surgeon-on-Duty (SOD) for evaluation and co-management.
   d. Supervise interns and students at the frontline.
   e. Decks “walk-in” patients who seek consult/admission at the PER to the next assigned consultants accordingly, unless the patient will need subspecialty referral outright, in which case, decks the patient outright to a consultant from the subspecialty.
   f. Provide admitting orders to patients for direct pay service admission, provided that the admitting consultant is informed and aware of the patient’s condition.

4. As the Nursery Catcher (please also refer to NICU GUIDELINES), the second year residents should:
   a. Review themselves with the principles of the Neonatal Resuscitation Program (NRP) prior to the rotation and practice it in the delivery and resuscitation of babies.
   b. Teach and supervise interns and clerks in the assessment and initial resuscitation of delivered babies.
   c. Make complete clinical histories via interviews with mothers prior to delivery and in consultation with the obstetrician.
   d. Review themselves with and perform complete and proper physical and neurologic examinations on all newborns, including Ballard’s scoring.
   e. Actively enforce and encourage mother- and baby-friendly hospital policies such as early latching on, rooming-in, bonding, and breastfeeding, and shall review themselves on these policies.
f. Check the baby’s chart to ensure that all sheets are completely and correctly filled-out.

g. Sign/countersign all sheets and orders.

h. Properly endorse babies for admission to the Nursery to the receiving team.

i. Ensure that all their initial orders are carried out, whether by themselves or by the receiving team.

j. For babies of mothers at the Pay Ward, the Nursery Catcher is responsible for informing the consultant-in-charge, making initial orders, and carrying these out, as well as ensuring that the consultant-in-charge is aware of the admission.

k. Be responsible for all directly roomed-in babies, including making rounds on and examining the babies, ordering in their charts, and facilitating their disposition, keeping in mind the status of their mothers.

l. Review the accuracy and completeness of all documents prior to discharge.

m. Perform procedures (with the background knowledge needed to do so safely and effectively) as needed.

n. Refer to subspecialties or other departments of the hospital as needed by their patients.

o. Instruct the parents well on the proper care of the babies prior to discharge by encouraging questions and providing support.

p. Educate interns and students rotating in the DRI service on the proper care of well babies.

5. At the General Pediatrics Clinic, the second year residents should:
   a. Have the same duties and responsibilities as the first year residents.
   b. One second year resident shall be designated permanent Assistant Team Captain for a Continuity Clinic Team for each day of the week. In the absence of the Team Captain (third year resident), the Assistant Team Captain shall assume responsibility for the Continuity Clinic Team (please see section under THIRD YEAR RESIDENTS).

6. In the Subspecialty Services, the second-year residents should:
   a. Have the same responsibilities as the first year residents unless specified by the subspecialty service.
   b. Assist the fellow of the service in supervising junior residents.

7. As the ER Back-up during the tour of duty, the second-year residents should:
   a. Assist the PER APOD in the admissions and referrals.
   b. May help in doing admitting notes, clinical abstracts or admitting orders, and have the assigned PER APOD or PER senior countersign all papers.
   c. Actively help the Service-on-Duty with procedures, paperwork, monitoring, facilitation of transfers and discharges as ordered, as well as other technical jobs.
   d. May assist the triage officer on duty in providing disposition in all consults at the PER.
8. As the POD Back-up during the tour of duty, the second year resident should:
   a. Assist the Ward POD in answering referrals from the all other wards and units in the hospital, e.g. Ward 6, PACU, Cancer Institute (not included in the ER complex), and should follow these patients up during the tour of duty. He/She should dock these patients to the General Pediatrics Services (and inform them about the patients in the morning) for co-management if necessary.
   b. If there are no referrals, may actively help the PER Service-on-Duty with procedures, paperwork, monitoring, facilitation of transfers and discharges as ordered, as well as other technical jobs.
   c. May assist the triage officer on duty in providing disposition in all consults at the PER.

* During the second half of the year, second year residents may be assigned to assume senior roles in the Pediatric Emergency Room, Pay Services, and General Pediatrics Services with the same responsibilities as those of a third year resident.

THIRD YEAR RESIDENTS

1. As the General Pediatrics Service Senior, the third-year residents should:
   a. Share the responsibility for all patients in their service, all co-managed patients (from other departments), all actions of the junior residents and students in their service, and all schedules and activities of the service with the consultant's of the service.
   b. Orient the residents and students with regard to their responsibilities to ensure the smooth flow of activities and the optimum management of patients in the service.
   c. Check and corroborate the clinical histories, physical exams, and notes of the junior residents and students, as well as check that the charts are complete and properly arranged.
   d. Go on rounds with the service daily and early in the day, as much as possible., attending especially to critical patients.
   e. Ensure the proper monitoring of the patients in their service.
   f. Ensure that laboratory exams are followed-up promptly and that orders are carried out efficiently.
   g. Help the junior residents and students in carrying out their duties efficiently.
   h. Supervise the students in the performance of procedures.
   i. Teach the junior residents and students during separate, regular, scheduled teaching rounds.
   j. Encourage active participation from the service.
   k. Refer all patients, including co-managed patients (from other departments), to the consultant/s of the service upon admission and on a regular basis.
   l. Schedule the consultants' rounds and the service audit.
   m. Ensure proper instruction of patients prior to discharge.
   n. Ensure that the service logbook is complete.
o. Submit a report to the Assistant Chief Resident for Services detailing consultants’ rounds, over-staying and problematic patients, and service statistics every two weeks.
p. Submit a census at the end of the month.
q. Evaluate patients for surgery along with other general pediatrics service seniors at 2:00 pm during weekdays on a rotation basis.
r. Evaluate the junior residents and students in their service based on their overall performance, attitudes presented, and areas for improvement during the period of their rotation, with grading sheets to be submitted directly to the Assistant Chief Resident for Services.

2. In the Subspecialty Services, the third-year residents should:
   a. Have the same responsibilities as the first and second year residents unless specified by the subspecialty service.
   b. Assist the fellow of the service in supervising junior residents.

3. As the Ward Pediatrician-on-Duty, the third year resident should:
   a. Check the attendance and punctuality of the residents and students on duty.
   b. Conduct the endorsement rounds promptly at 4:00 pm on weekdays and 12:00 pm on weekends and holidays.
   c. Be responsible for all patients in the ward in general, and for endorsed patients in particular.
   d. Closely monitors and attend to unstable and critical patients.
   e. Regularly check on all endorsed patients to ensure that all endorsed tasks are done.
   f. Attend to all referred patients.
   g. Proceeds to the Pediatric Emergency Room with the Admitting Pediatrician-on-Duty (APOD) and at least one student on duty to examine and receive critical patients for later admission to the ward.
   h. Facilitate admissions and transfer of patients (if any).
   i. Conduct rounds with and teach the interns and students on duty, as well as supervise them in the monitoring of patients and performance of procedures.
   j. Ensure that all patients are monitored during the tour of duty.
   k. Answer referrals from the all other wards and units in the hospital, e.g. PACU, Cancer Institute, etc. not included in the Emergency Room Complex, and should follow these patients up during the tour of duty. The POD should check these patients to the General Pediatrics Services (and inform them about the patients in the morning) for co-management if necessary.
   l. Assess the need to monitor Ward patients for surgery intra-operatively (especially those who are critically-ill) and properly endorse them to the Ward or PICU (if the patient is to be admitted to the PICU) post-operatively.
   m. Check the charts and death certificates of mortalities that occur during their tour of duty.
   n. Encourage and facilitate arrangements for autopsies.
   o. Ensure the proper endorsement of unstable or critical patients to the service-in-charge.
p. Conduct the Endorsement Conferences.

4. As the Pediatric Emergency Room Senior (please also refer to the PER POLICIES AND GUIDELINES), the third year residents should:
   a. Evaluate all patients seen by their APODs, including referred patients and should give prompt dispositions for all these patients.
   b. Check and countersign the diagnosis and plan of management for these same patients.
   c. Prioritize and attend to critical patients.
   d. Serve as team leader in all resuscitative measures conducted by their service at the Pediatric Emergency Room.
   e. Prioritize patients to be admitted.
   f. Promptly inform the services (during office hours) or the duty teams about patients for admission.
   g. Decide on and ensure the admission, transfer, or discharge of patients during their tour of duty.
   h. Ensure that orders are carried out efficiently
   i. Help their service carry out their duties efficiently.
   j. Supervise junior residents and students in the performance of procedures.
   k. Check APOD notes and admitting notes and orders of critical patients, as well as the charts, death certificates, and autopsy forms of mortalities.
   l. Check the census that will be presented at the PER Mortality & Morbidity Conference.
   m. Review mortalities and interesting cases that occurred during their tours of duty, and prepare to answer questions that may be directed to the seniors during the PER Mortality & Morbidity Conference.
   n. Submit a written evaluation at the end of the month to the Assistant Chief Resident for Services detailing the performance of the PER team as a whole, as well as evaluations of the junior residents directly under their supervision (to include overall performance and attitudes presented, as well as, areas for improvement).

5. As the PER Pediatrician-on-Duty (please also refer to the PER POLICIES AND GUIDELINES), the third year residents should:
   a. Conduct the bedside endorsement rounds at exactly 7:00 am daily and make sure all patients have been endorsed properly.
   b. Check the attendance and punctuality of the pre-duty and resident teams-on-duty.
   c. With the APODs and consultant/s of the service, shall share the responsibility for all decisions made in the management of all patients coming in that day and all endorsed patients needing prompt disposition/decision-making during their tour of duty.
   d. Refer all patients, especially critical and problematic ones and including patients referred from other departments, to the consultant/s of the service at least once daily and update the consultant/s regarding the daily census (at the end of the duty).
6. As the **PER Pre-Duty Senior** (please also refer to the **PER POLICIES AND GUIDELINES**), the third year residents should:
   a. Conduct bedside order/disposition rounds on patients, if any, left behind from previous duties and patients of the postduty team during office hours.
   b. Evaluate patients for surgery between 10:00 am and 12:00 noon during weekends and holidays.
   c. After having managed/disposed of their service patients, should remain within the Pediatric Emergency Room to supervise junior residents or to assist the Team-on-Duty.
   d. Properly and completely endorse all service patients to the **PER Senior-on-duty at 4:00 pm**

7. As the **Pay Ward Senior** (please also refer to the **PAY PATIENT SERVICES GUIDELINES**), the third year residents should:
   a. Have the same responsibilities as the first year residents.
   b. Present or supervise the preparation of the first year resident for the presentation of the ward census, brief status of all patients, and admissions during the endorsement conferences.
   c. Coordinate with the assigned consultant/s regarding the case/s to be discussed for the Case Management Hour, and remind the consultant/s one (1) week and one (1) day before the scheduled conference.

8. At the **General Pediatrics Clinic**, the third year residents should:
   a. Check the attendance and punctuality of the junior residents and students.
   b. Check and corroborate the clinical histories and physical exams of the students, check and countersign their diagnoses and plans of management, and refer patients with problematic courses or diagnoses to the **Ambulatory Pediatrics Fellow or Consultant-of-the-Day**.
   c. Evaluate patients deemed by the junior resident as needing emergency care, while checking and countersigning their plans of management, and ensuring the stability and safety of the patient while en route to the **PER** and until the patient is endorsed by the junior resident to the **PER service**.
   d. One third year resident shall be designated permanent Team Captain for a **Continuity Clinic Team** for each day of the week. In their absence, responsibility for the Team shall fall to designated Assistant Team Captain (second year resident), then to the next third year resident present, in descending order of seniority.
   e. Act as the team leader in the event of any need for pediatric cardiopulmonary resuscitation in the clinic and elsewhere in the **OPD**.
   f. Evaluate patients for surgery.
   g. Emphasize to and teaches the patients’ families proper nutrition and the prevention of common diseases.
   h. Teach the interns and clerks, and supervise the students in the performance of immunizations.
   i. Submit the clinic’s statistical data to the **Assistant Chief Resident for Services**
and to the Ambulatory Pediatrics Fellow at the end of the month.

i. As the Triage Officer, examine and assess patients who are sent to the clinic by the general triage officer at the OPD, and may send patients who are misdirected to the appropriate specialty; the Triage Officer shall accompany and properly endorse patients whom he/she has assessed as emergency cases to the PER.

9. As the ER Back-up during the tour of duty, the third-year residents should:
   a. Assist the PER Senior on duty in the management of admissions and referrals.
   b. May help in doing admitting orders, and have the assigned PER APOD or PER senior countersign all papers.
   c. Assist in conducting bedside order/disposition rounds on patients.
   d. May assist the triage officer on duty in providing disposition in all consults at the PER.

10. As the POD Back-up during the tour of duty, the third year resident should:
    a. Assist the Ward POD in answering referrals from the all other wards and units in the hospital, e.g. Ward 6, PACU, Cancer Institute (not included in the ER complex), and should follow these patients up during the tour of duty. He/She should deck these patients to the General Pediatrics Services (and inform them about the patients in the morning) for co-management if necessary.
    b. If there are no referrals, may actively help the PER Service-on-Duty in conducting bedside order/disposition rounds on patients
    c. May assist the triage officer on duty in providing disposition in all consults at the PER.
RULES AND REGULATIONS

Residents are expected to follow all the rules and regulations of UP Manila and the PGH.

I. In accordance with the CIVIL SERVICE RULES for all government employees, the following will be penalized with outright dismissal:
   1. falsification, destruction, mutilation of or tampering with public documents, such as patient’s charts, monitoring sheets, or any record pertaining to patients
   2. cheating in examinations
   3. gross negligence resulting in death or disability
   4. intellectual dishonesty (falsification of entries in the attendance logbook, tampering with entries in charts to cover up incidences of gross negligence, and the like)

II. In accordance with UNIVERSITY RULES, the following will be grounds for dismissal:
   1. Accumulation of deficiencies equivalent to 72 days
   2. Failure to pass 75% of the evaluation

III. In accordance with HOSPITAL RULES:

   Conduct unbecoming a physician (being boisterous, using foul language, being disrespectful)
   1st offense warning
   2nd offense one Sunday/Holiday duty
   3rd offense two consecutive Sunday/Holiday duties

IV. Rules and regulations of the Department of Pediatrics

A. Academic sanctions:
   1. Failure in a rotation
      • The rotation must be repeated and must be passed before the resident is promoted to the next academic year level.
      • The resident will be given a conditional promotion until the failed rotation is repeated and passed.
      • If a rotation is failed during the residents’ third year, the rotation will translate to an extension without compensation. The resident will not be recommended for graduation until the rotation is passed.
      • The resident is re-evaluated at the end of his make-up rotation and will be given a grade of “passed” or “failed”
      • The resident must pass all of rotations within the year in order to be promoted to the next year level.

   2. Failure to take a scheduled exam
      • For circumstances that fall under excused absences (please see Duties and Responsibilities), the resident should properly inform the Chief Resident.
• For failure to inform the Chief Resident or for any unexcused absence during the exams, the resident automatically fails the exam and will have to take the make-up exam. He/she will not get a grade higher than 3.0 for that exam.

3. Failure to submit all requirements for promotion (these include but are not limited to service rotation grades, presentation of staff conference and research paper, and submission of an approved research question, research protocol and actual research output)
   • non-promotion
   • fine (to be set accordingly by the Residency Training Committee / Research Committee)

B. Penalties for tardiness and absences

Regular Work Days
   Three (3) tardy occasions = One (1) whole day of absence
                                = 12 hours duty
   Five (5) tardy occasions   = One (1) PICU backup duty to be served the following month
   One (1) day absence, excused = 12 hours duty
   One (1) day absence, unexcused = 24 hours duty

Duties (regardless of area)
   Excused absence            = 24 hours duty
   Unexcused absence          = 48 hours duty

A resident whose excused absences exceed the maximum number of non-working days for the year must repeat the year level. However, since the hospital does not have a provision for the extension or retention of residents, compensation will not be provided during this extra year.

A resident whose unexcused absences exceed the maximum number of non-working days for the year will be dismissed from the program.

At Conferences (please also refer to “Duties and Responsibilities” to see those residents who are excused from the conferences)
   Three (3) tardy occasions = One (1) absence from conference = Four (4) hours duty

   Three (3) absent occasions = One (1) whole day of absence = One (1) PICU backup duty to be served the following month

At Continuity Clinics
   Excused absence            = Eight (8) hours make-up at the PER
Unexcused absence = One (1) PICU backup duty to be served the following month

C. Leaves of Absence (LOA) and Absences Without Leave (AWOL)

Scheduled LOA
- Combination of vacation, forced/sick, and maternity leaves.
- The total number of LOA days for the three (3) years of residency is 75 days.
- Scheduled LOA for first to third year residents is 15 days per year (including weekends and holidays)

Note: A resident who gives birth during her first year of residency training shall be allowed to go on a one (1) month LOA, instead of the usual 15 days. However, the extra 15 days shall be deducted from her leave in her second year.

Unscheduled LOAs
- Allowed only in emergencies, i.e. illness of the resident, critical condition or death of a family member.
- Requests for LOA other than those mentioned are subject to the approval of the Chair of the RTC

Total number of absences
- must not exceed 20% of the required number of training days (i.e. 365 days – the number of scheduled LOA days) per year level
- maximum number of absences (whether excused or unexcused) excluding the scheduled LOA in the total computation of non-working days is seventy (70) days for first to third year residents

D. Make-up duties

Make-up duties must be completed within six months of the year they were awarded, unless otherwise specified, upon the discretion of the Chief Resident and the Residency Training Committee. However, make-up for unscheduled LOAs will be done at the end of residency training without pay.

The clearance form and certificate of graduation from the PGH will not be signed by the Department Chair until the make-up rotations and duties are completed. Residents with make-up duties equivalent to more than two months will not be allowed to march during the recognition ceremonies for that year.

E. Other penalties:
1. Leaving a hospital duty post beyond the approved period set by the Chief Resident during office hours or by the immediate superior beyond office hours
1st offense: two consecutive Sunday/Holiday duties
2nd offense: four consecutive Sunday/Holiday duties
3rd offense: dismissal

2. Leaving the hospital premises without prior permission from the immediate superior during office hours when not on duty

1st offense: warning
2nd offense: one Sunday/Holiday duty
3rd offense: two consecutive Sunday/Holiday duties

3. Unauthorized substitution of duties (for the offender and substitute)

1st offense: warning
2nd offense: one Sunday/Holiday duty
3rd offense: two consecutive Sunday/Holiday duties

4. Failure to respond to acknowledged calls within or outside the Pediatric wards when on duty within 15 minutes for routine or non-emergency calls (such as IV insertions) and within 5 minutes for emergency calls:

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5. Failure to respond to non-urgent, non-emergency interdepartmental referrals within 24 hours

1st offense: warning
2nd offense: one Sunday/Holiday duty
3rd offense: two consecutive Sunday/Holiday duties

6. Failure to complete medical records or charts of discharged patients within 24 hours from posting of deficiency or proper notification by other means like personal and acknowledged communication

1st offense: warning
2nd offense: one Sunday/Holiday duty
3rd offense: two consecutive Sunday/Holiday duties

7. Failure to make complete, neat, and updated notes (to include the date and time)
1st offense  warning
2nd offense  journal report/ case discussion or any paperwork deemed necessary by the Chief resident on the case to be reported
3rd offense  one Sunday/Holiday duty for the RIC and the senior of the service

Infractions not covered by the provisions stated herein shall be dealt with on a case-to-case basis and shall be under the discretion of the Residency Training Committee. The final decision shall rest upon the Executive Committee of the Department of Pediatrics UP College of Medicine - Philippine General Hospital as recommended by the Residency Training Committee after a thorough investigation.

All cases shall be automatically reviewed. Due process shall be observed. There shall be provision for appeals.

INSTRUCTIONAL ACTIVITIES

1. House Staff Teaching Hour

   These conferences aim to review the residents on basic tenets in the pathophysiology and review and update them on the diagnosis and management of the more common pediatric diseases. Lectures are based on "The Guide to Core Pediatrics." The conference is attended by the residents with a consultant invited as speaker. The topics are included in the residents’ quarterly exams.

2. Staff Conferences

   The staff conference is a requirement that has to be fulfilled by first year residents. It is about an interesting case that may involve diseases that may be rare, have unusual presentations, or present special problems diagnostically or therapeutically. It may also be about a relatively common disease on which updates are given on symptomatology, diagnosis, or management. Though it is encouraged, it is not necessary for the resident to have handled the case personally.

   The staff conference is not a “topic” nor textbook conference but, rather, places emphasis on the patient’s actual presentation and how the patient was managed. Aside from his/her own presentation, the resident is required to have a resource speaker to add insight or updates to the discussion.

   Attendance of the department staff and students is required. Consultants who are present evaluates the presenter based on several criteria.
3. **Interesting Case Conference**

An interesting case presentation is similar to a staff conference but is presented by the resident-in-charge. The focus of the discussion may be the unusual symptomatology, diagnosis, laboratory examinations, or management.

4. **Multidisciplinary Conference**

During this conference, problematic cases, in terms of diagnosis or therapeutic options, are presented by the junior resident. Consultants of all services involved in the care of the patient are invited to give their insights on the case.

5. **Ethical Case Analysis**

An ethical case analysis is done to educate the residents on decision-making that considers the ethical dimensions of each case. Patients who have stayed for more than two weeks are discussed in this venue in order to thresh out issues causing prolonged hospital stay in the context of ethics.

6. **Endorsement Conferences**

The conference is usually conducted by the post-duty POD IIs or POD IIs of both wards. Consultants are, however, requested to conduct at least one conference per week. Brief journal reports, if any, are first presented by either residents or students who were assigned to do such during the previous conference. Post-duty residents (for the Tuesday conference) or students (for the Thursday and Saturday

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conferences) present the ward census and brief updates on patients who were endorsed. The POD Ill then picks a case to be discussed, usually a new admission. Mortalities and morbidities that occurred during the duty are also taken up.

The post-duty residents and students are expected to read and prepare well for their presentations. The WAPODs or the POD Ill check on the students’ work prior to presentation.

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<th>Second Year</th>
<th>Third Year</th>
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<tbody>
<tr>
<td>Clinical Performance</td>
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<td><em>Service Rotations</em></td>
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<td><em>Chief Residents’ Evaluation</em></td>
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<td>Research</td>
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The PER, OPD, Pay, Nursery, and PICU Services each conduct their own endorsement conferences and are therefore, not required to be present.

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<tr>
<td>Clinical Performance</td>
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<td><em>Staff Conference</em></td>
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<tr>
<td>Exams</td>
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<td>Research</td>
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<td><em>Chief Residents’ Evaluation</em></td>
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7. **Nelson’s Hour**

After endorsements, an assigned resident gives a lecture based on an assigned chapter in Nelson’s Textbook of Pediatrics. This activity serves as a review for their quarterly examinations and specialty board exam.

8. **Special Lectures**

Guest speakers from other departments or other countries are invited to review and update the staff on their particular areas of interest or fields of specialty that are relevant to pediatric practice.
9. Grand Audit

This conference aims to review the census of the General Pediatrics services, the subspecialty services, Nursery, PICU, PER and OPD services. The top ten (10) reasons for consultation in their respective areas are also given by the Pay Service, the Sick Child Clinic, and the PER. All these data are presented by the Asst. Chief Resident for Academics and compared with the previous month’s data and previous year’s data for that same month. Trends are discussed.

Interesting cases are presented by the resident-in-charge along with at least one critically-appraised journal on the issue at hand. A discussion by the staff follows. Autopsies are encouraged and emphasized. An assigned consultant moderates the conference. Attendance by the department staff is required.

The Section of Infectious and Tropical Diseases in Pediatrics presents the biannual nosocomial report, which includes the top nosocomial diseases and organisms including their sensitivity patterns in the different areas of the Department of Pediatrics.

** In addition to these Instructional Activities, residents are required to attend Year Level lectures. The consultants sign a checklist of topics to certify attendance.

**WEEKLY TEMPLATE OF ACTIVITIES EVALUATION**

Below are the criteria for computing the resident's final cumulative grade at the end of the year:

- The Chair’s evaluation and previous year’s evaluation will be considered in determining the outstanding residents

The minimum passing level is as follows:

**A. Clinical Performance**

Each area is graded from 1-5 or marked as NE if not evaluated. Each grade corresponds to the following level of performance:

1. Not performed
2. Briefly mentioned/performed
3. Missed important points
4. Missed a few important points
5. Outstanding/thorough

In this grading scheme, the 2nd and 3rd year residents have an additional area for evaluation as specified below.
Cognitive and Psychomotor Domain 70%

Accuracy, conciseness, and organization of historical data gathered 10%
Thoroughness and accuracy of physical examination 10%
Correlation, interpretation, and integration of gathered data 10%
Appropriate selection of diagnostic studies 5%
Interpretation and utilization of diagnostic studies 5%
Thoroughness of management of common problems in primary and secondary care 10%
Recognition and appropriate referral of pediatric emergencies and patients with special needs 5%
Recognition and management of tertiary care problems (2nd and 3rd year levels only) 10%
Accurate and legible recording of data pertaining to patient care 5%
Accurate, organized, and professional oral presentation of clinical data 5%

Affective Domain 30%
Sensitivity, concern, and empathy with patients and family 4%
Cooperation and willingness to accept responsibility and extend help 4%
Respect and tactfulness in professional and public relations 6%
Dependability and completion of tasks assigned 4%
Resourcefulness and innovativeness, diligence, industriousness, and perseverance in patient care 4%
Trustworthiness and intellectual honesty 4%
Punctuality and attendance 5%
Leadership skills: full command, confidence displayed (2nd and 3rd year levels only) 4%

For the General Pediatrics Service, the senior resident of the service shall evaluate the first year resident first, then have the service consultant approve and countersign it. The General Pediatrics service consultant shall grade the senior resident directly. For the Subspecialty Service, the fellow shall evaluate the resident first, then have the service consultant approve and countersign it.

Staff Conference / Case Presentation

Introduction
Objectives and Clinical Relevance specified 5%

Case Discussion
Complete and relevant data presented in a concise manner 15%
Literature review supporting the conclusion 15%
Patient-oriented discussion including total patient 20%
management approach (discussion not a textbook description of the disease)

**Conclusion**

Implications to clinical practice
Information added to audience’s information bank

**Manner of Presentation**

Visual aids 5%
Delivery 5%
Time limit adhered 5%
Ability to answer questions 10%

**Written Protocol**

Complete / comprehensive 10%

**PROMOTION**

The Philippine General Hospital requires that all departments submit the list of residents for promotion by the end of October. For purposes of promotion, the following requirements should be submitted by the September 30:

a. at least 80% of all service rotation grades
b. research requirements
c. three (3) quarterly examinations
d. completed PediaCard
e. staff conference report (for first years), if appropriate

Only those requirements submitted on **September 30** will be used for evaluation. Residents will be evaluated based on the previously mentioned criteria (see section on “Evaluation”). A grade of at least 3.0 is required before residents will be recommended for promotion. The residents’ final grade for the year will be recomputed once at least 80% of all service rotation grades are submitted. Grounds for non-promotion and dismissal are placed under the section on “Rules and Regulations.”

Residents hold an item of Medical Officer III in the hospital. During their third year of residency, depending on the items available, some of the residents will be promoted to Medical Officer IV (MO IV). Promotion to the position will be based on the resident’s cumulative grade by the end of September (see section on “Evaluation”). However, failure in any service rotation during the entire residency disqualifies the resident from being promoted to MO IV.
Two-Track Residency Program
DESCRIPTION OF THE PROGRAM

Aside from the traditional residency program, the department offers a two-track residency program. Qualified residents may take a postgraduate degree program from any college of the University of the Philippines while doing residency.

One of the postgraduate degrees the resident may take is the Master of Science in Clinical Medicine (Child Health). It is a two-year course offered by the Department of Pediatrics under the Master of Science in Clinical Medicine program of the College of Medicine. It is designed to create a learning environment intended to develop pediatricians into health managers with broader knowledge and extensive skills. It is therefore expected that graduates of this program will be prepared to develop curricular and instructional courses, undertake research and advance the growth of critical child health facilities.

OBJECTIVES OF THE PROGRAM

Graduates of this course are expected to develop curricular and instructional courses, undertake research and advance the growth of critical facilities, all related to child health.

ADMISSION REQUIREMENTS

In addition to the rules and policies of the University on admission and the Master of Science in Clinical Medicine program, an applicant to this track must be:

1. a Doctor of Medicine degree holder
2. a graduate of an accredited residency program in Pediatrics
3. endorsed by a sending institution
4. computer literate

GRADUATION REQUIREMENTS

The degree of Master of Science in Clinical Medicine (Child Health) shall be given to candidates who shall have fulfilled all the academic requirements of this specific track, the rules and policies of the University and/or the Master of Science in Clinical Medicine.

A diploma in Child Health shall be awarded to candidates who have satisfactorily completed the 28-unit classroom work.

CURRICULUM

The curriculum consists of taught courses common to all Master of Science programs at the UP College of Medicine conducted by the Clinical Epidemiology Unit and National Teacher Training Center of Health Professions and the Child Health courses handled by the Department of Pediatrics.
Core Courses:

CE 205 Clinical Statistics
CE 211 Clinical Epidemiology
CE 212 Basic Research Methodology
HP 201 Instructional Design in Health Sciences
HP 261 Organization and Management of Health Programs
HP 201 Psychophenomenological Foundation of Learning-Teaching in the Health Sciences
HP 221 Instructional Design in Health Science Courses

Major Courses (9 units)

CH 240 Inherited Disorders and Community Genetics
Course Description: In-depth study of the principles of heredity as they relate to common genetic conditions of patients and the effects of heredity in communities.
Course Credit: 1 unit
Justification: With the lack of specialized genetics in our country, it is inevitable that pediatricians will have to tackle the role of diagnosticians and genetic counselors for the families of patients with genetic or congenital anomalies.

CH 241 Newborn Care in Developing Countries
Course Description: Current trends in the study and management of perinatal health issues in developing countries.
Course Credit: 2 units
Justification: This course looks at the existing challenges when confronted with the ever-growing demands for perinatal care. The need to lower infant morbidity and mortality by lowering neonatal morbidity and mortality in the Philippines and other developing countries is necessary.

CH 242 Principles of Growth and Development
Course Description: An in-depth understanding of the principles, process, and dynamics of growth and development.
Course Credit: 2 units
Justification: All health providers involved in the care of children should have a mastery of the normal patterns of growth and development in order to recognize, prevent or at least minimize not only overt but subtle deviations and consequences as well.

CH 243 Pediatric Nutrition
Course Description: Advanced study of concepts of pediatric nutrition in health and disease.
Course Credit: 2 units
Justification: An in-depth knowledge of the role of nutrition in growth and development of children and in managing childhood morbidities will help solve the nutritional problems of developing countries.

CH 244 Management of Pediatric Infectious Diseases in Developing Countries
Course Description: Critical analysis and management of infectious diseases in childhood.

Course Credit: 1 unit

Justification: At present, most of the experts in pediatric infectious diseases are either focused on clinical practice or on research. There is a dearth of full-time educators as well as policy-makers in the field. With the training of pediatricians towards this higher-degree course in Infectious Diseases, the country would be accorded a pool of experts to tackle the pervasive problem of infections.

CH 297 Seminars in Child Health

Course Description: Contemporary issues in child health and their impact on the Philippine health situation.

Course Credit: 1 unit

Justification: Knowledge of current issues affecting growth and development of the child is necessary for the formulation of policies that will affect the general well-being of children, especially those in the community.

Electives / Cognates (3 units) Electives are any of the following courses or those offered in the other graduate programs of the College of Medicine. Cognates may be taken from other disciplines of the University.

CH 250 Preventive Pediatrics and Anticipatory Care

Course Description: Intensive study of integrated and accessible services by clinicians who are accountable for addressing the needs of the majority with emphasis on preventive and anticipatory care.

Course Credit: 1 unit

Justification: In order to sustain and promote health care maintenance, the health care provider must constantly address issues on anticipatory care.

CH 251 Environmental Pediatrics

Course Description: A comprehensive survey and analysis of environmental health issues pertaining to the child.

Course Credit: 1 unit

Justification: Major child health environmental concerns brought about by current population increase, pollution and other problems have adverse effects on child health. Steps toward the successful resolution of these challenges affecting children's lives in the Philippines and the rest of the world should be addressed.

CH 252 Care of the Adolescent

Course Description: Critical analysis of adolescent health problems, issues and management in the Philippines and other developing countries.

Course Credit: 1 unit

Justification: Critical evaluation of adolescent health conditions and issues through assessment of epidemiology and the current health care delivery system is an important background knowledge for the intended product of this program.
CH 253  Child Advocacy
Course Description: A multidisciplinary approach in advocacy of children needing special protection.
Course Credit: 1 unit
Justification: Pediatricians, by the very nature of their job, need to be child advocates. The law recognizes this by making them mandatory reporters of child abuse cases. They therefore need to possess the necessary knowledge and skills to be able to effectively handle this social responsibility.

CH 254  Pediatric Pharmacotherapeutics
Course Description: Varied approaches to pediatric therapeutics, investigations in the field of pediatric clinical pharmacology that will help elucidate variations in dose requirements at different stages of growth and development.
Course Credit: 1 unit
Justification: In the light of rapid advances in the field of pediatric clinical pharmacology and therapeutics, training in pediatric specialties of most, if not all, institutions in our country lacks the complement of this new science. It is not possible to arrive at individualized therapy without the application of observations made on children in clinical situations that potentially alter drug responsiveness and dose requirement.

CH 255  Mental Health of Children
Course Description: Mental health issues that are basic to the holistic understanding of childhood illnesses and their effects on the child and the family.
Course Credit: 1 unit
Justification: Mental health is integral to child health. Mental health, however, is often neglected in the rush to cope with the daily crisis that confront resident pediatricians in training. The impact of mental health is seen in all aspects of child health from prevention, treatment and rehabilitation, from the normal child to the dying child.
Research Program
OBJECTIVES

1. To promote an atmosphere that will encourage and facilitate research
2. To provide resources and opportunities for faculty, fellows, residents, and undergraduate students to do investigative work in pediatric areas of interest (basic, clinical including delivery of health care, pediatric education)

RESEARCH REQUIREMENTS FOR PURPOSES OF PROMOTION AND GRADUATION

1st year level - approved research protocol for implementation
2nd year level - preliminary research report
3rd year level - research paper

RESEARCH ACTIVITIES

<table>
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<tr>
<th>ACTIVITY</th>
<th>TARGET DATE</th>
<th>REQUIREMENT</th>
<th>DESCRIPTION / DETAILS OF THE ACTIVITY</th>
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| Evidence Based Medicine Workshop              | 1st week of December
Every Saturday of each month | EBM Workshop reading materials                  | This is a one-day activity if held on a departmental level. On a hospital level, the workshop is divided into two-hour sessions to be given every Saturday of each month. 1st year residents are the participants on the 1st Saturday of the month, 2nd year residents on the 2nd Saturday of the month, and 3rd year residents on the 3rd Saturday of the month. |        |
| Lectures                                      | January-February
1st week of October | Research Methodology
How to make an effective presentation
Scientific Paper Writing |                                                                 |                                                                 |        |
<p>| Workshop on Research Question Generation (1st year) | 1st week of March | Participants are divided into groups with at least 1 facilitator. A clinical problem is identified by each of the participants and is translated into a well-phrased research question. Variables and the appropriate study design are then identified. The other participants and the facilitator criticize the research question. | Research question, objectives, and study design |
| Literature Search on the Web                  | 3rd week of March | Computers with Internet access | This is a hands-on activity wherein the participants are taught how to conduct a literature search on the internet |        |</p>
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<tr>
<td>Research Capsule (1st year)</td>
<td>1st week of August and 4th week of September</td>
<td>Concept paper with a research question, objectives, literature, review and proposed methodology</td>
<td>This activity takes place in lieu of a major conference. The residents are divided into two groups based on completion of their staff conferences. There will be 4 small groups composed of 3-4 residents, at least 1 consultant with a clinical epidemiology background for methodology, and the respective mentors for content. Each resident presents his/her research question to the group. The consultants make comments on the feasibility of the research question.</td>
<td>Approved concept paper to be developed into a protocol</td>
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<tr>
<td>Research Protocol Presentation (1st year)</td>
<td>4th week of October</td>
<td>Research Protocol</td>
<td>This activity takes place in lieu of a major conference. The residents are divided into 4-5 groups with at least 1 consultant with a clinical epidemiology background and the respective mentors. Each resident presents his/her research protocol to the group. The consultants make comments. The protocol is graded by the mentor and/or a member of the technical committee using set criteria; in the event that the resident is evaluated by more than one adviser, the average of the grades is obtained.</td>
<td>Research protocol implementation</td>
</tr>
<tr>
<td>Submission of a certificate signed by the advisers (1st year)</td>
<td>1st week of December</td>
<td>Research protocol implementation</td>
<td>A certificate stating that the resident has an approved research protocol that is ready for implementation is signed by the content and technical advisers.</td>
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<tr>
<td>Research Update (2nd year)</td>
<td>June</td>
<td>Initial data</td>
<td>The residents are divided into 4-5 groups with at least 1 consultant with a clinical epidemiology background and their respective mentors. Each resident presents his/her data to the group. Same mechanism as the June presentation but with the submission of a written report.</td>
<td>Preliminary Research Report</td>
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<td>September</td>
<td>Data collected and preliminary written report</td>
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<tr>
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<tr>
<td>Research paper presentation</td>
<td>4th week of September</td>
<td>Research paper</td>
<td>The residents are divided into 4-5 groups with at least 1 consultant with a clinical epidemiology background and their respective mentors. The presentation is graded based on set criteria. The final grade for the research paper consists of the following: 70% mentors' evaluation, 30% paper presentation (to be graded by the mentor together with the technical adviser)</td>
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<tr>
<td>Research Week</td>
<td>2nd week of November</td>
<td>Research papers for oral and/or poster presentation</td>
<td>This is the culmination of research efforts of the residents. Papers for oral presentation during the research week consist of the top 5 papers (rank is based on the grades obtained for the research paper). Papers not chosen for oral presentation are included in the poster exhibit.</td>
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<tr>
<td>Mentoring</td>
<td></td>
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<td>Every resident is assigned two mentors - one for content and another for methodology</td>
<td>Intern Analysis / Progress Report</td>
</tr>
</tbody>
</table>

**EVALUATION**

1. **Research Protocol**

**CRITERIA**

- Relevance and originality (includes title) 10%
- Research question and objectives clearly defined 10%
- Introduction and review of related literature 25%
- Methodology 45%
  - Research design 5%
  - Inclusion and exclusion criteria 5%
  - Variables and outcome defined 5%
  - Sample size 5%
  - Procedures well-defined 10%
  - Analysis of data and dummy tables 10%
  - Ethical considerations 5%

**Scientific Writing Style** 10%

100%
2. Research Update / Preliminary Research Report

CRITERIA
Adherence to protocol 30%
Adequacy of tracking cases (for prospective study design) 30%
or borrowing of charts (for retrospective study design) and
ability to troubleshoot 10%
Recognition of problems and limitations 10%
Preliminary written report on data collected 30%

100%

3. Research Paper and Oral Presentation

CRITERIA FOR THE RESEARCH PAPER
Originality and Significance 5%
Research question and objectives 5%
Research Design 25%
Inclusion/exclusion criteria 5%
Variable and Outcomes Defined 5%
Appropriate study design used to 10%
answer the objective
Adequate sample size 5%
Results and Discussion 20%
Appropriate presentation of results 5%
Appropriate statistical analysis of data 5%
Appropriate interpretation of results 10%
Conclusion and recommendations 5%
Scientific writing 10%

TOTAL FOR WRITTEN PAPER 70%

CRITERIA FOR THE ORAL PRESENTATION
Appropriateness of audio-visual aids 5%
Clarity of presentation 10%
Adherence to time 5%
Ability to answer during the open forum 10%

TOTAL FOR ORAL PRESENTATION 30%

GRAND TOTAL 100%
4. Research Poster Presentation

CRITERIA FOR THE RESEARCH PAPER

| Originality and Significance | 10% |
| Research question and objectives | 10% |
| Research Design | 25% |
| Inclusion/exclusion criteria | 5% |
| Variable and Outcomes Defined | 5% |
| Appropriate study design used to answer the objective | 10% |
| Adequate sample size | 5% |
| Results and Discussion | 25% |
| Appropriate presentation of results | 10% |
| Appropriate statistical analysis of data | 5% |
| Appropriate interpretation of results | 10% |
| Conclusion and recommendations | 10% |
| Clarity and impact of poster presentation | 20% |

TOTAL 100%

RESEARCH WEEK

Rules and Regulations of the Oral Paper Presentation:

1. All papers included in the contest have been pre-judged. This makes up 70% of the total score. The remaining 30% is based on the oral presentation.

2. Criteria for judging the written paper (70%) and the oral presentation (30%) are as previously stated.

3. The order of presentation is decided upon by means of lottery.

4. The oral presentation shall be limited to eight (8) minutes only. The green light will be lit to signify the start of the presentation. On the sixth minute, the yellow light will be flashed to warn the presenter that the time limit has been reached. He/she may be given two (2) more minutes to wrap up the presentation, after which the red light will be flashed to signal that the presentation has ended.

5. An open forum lasting five (5) minutes will follow after each paper is presented. The judges are given priority to ask questions. At the end of the five minutes, the red light will be flashed again to signal the end of the open forum.

6. The decision of the board of judges is final.
Rules and Regulations of the Poster Presentation:

1. The posters will be exhibited along the corridor between Wards 9 and 11.

2. The participants are responsible for putting up their posters at the start of the Research Week. All posters should be removed by 5:00 pm on the last day of Research Week.

3. Each participant will be assigned a number. He/She will put up his/her poster on the designated area marked by his/her number.

4. One panel (1.0 x 2.0 m) is available for each participant. The poster should be mounted upright, not horizontal.

5. A heading should be prepared at the top of the poster indicating the abstract title, authors, and university/hospital affiliation. The title should be brief, informative and readable from two to three (2-3) meters' distance. Letters should be at least one (1) inch high, and printed in blank ink.

6. The body of the poster should be organized as follows:
   a. Rationale
   b. Objective of the study
   c. Study design
   d. Methods
   e. Results (include pertinent figures, graphs, tables)
   f. Conclusions
   g. Recommendations

7. The text should be kept to a minimum. It should be clear and concise. Detailed information should be provided in smaller type below the heading.

8. Abbreviations used should be internationally acceptable.

9. Generic names of drugs are required and their proprietary names should be enclosed in parenthesis.

10. It should be remembered that the poster is a visual display and should be self-explanatory, even without the author's presence. The correct use of photographs, diagrams and tables will increase the poster's effect.

11. The order by which the poster is to be read should be indicated clearly by means of numbers, arrows, or lines.

12. Besides professional preparation of posters, handwritten materials in bold letters with a felt-tipped marker/pen will be accepted as long as the lettering is neat.
13. Audiovisual equipment is not permitted in the exhibit; electrical outlets will not be provided.

14. The poster board should not be written or painted upon.

15. The ribbon cutting of the exhibit will be held at 8:00 AM of the first day of Research Week. The formal viewing and judging of the posters will be held on from 10:00 am to 11:00 am of the same day. ALL PARTICIPANTS ARE REQUIRED TO STAND BY THEIR POSTERS DURING THIS TIME, to answer any questions that viewers might have. The absence of a participant during this time may forfeit the poster’s chance of winning.

16. The criteria for judging the poster is as follows are as previously stated.

17. The decision of the board of judges is final.

**FORMAT OF THE RESEARCH PAPER**

1. Title page
2. Abstract (boxed)  
   a. Rationale  
   b. Objectives  
   c. Design  
   d. Methods  
   e. Results  
   f. Conclusions  
   g. Keywords  
3. Introduction (includes the Review of Related Literature and the Research Question)  
4. Objectives  
   a. General  
   b. Specific  
5. Methodology  
   a. Study Design  
   b. Study Population  
   c. Data Collection  
   d. Outcomes measured  
   e. Statistical analysis with sample size estimate  
6. Results (with tables/graph)  
7. Discussion  
8. Conclusion  
9. Recommendation  
10. References (Vancouver style)  
11. Appendix